

2013
APPLICATION TO OPERATE A
MOBILE FOOD UNIT/COMMISSARY

PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

New! Now you can renew on-line at www.kingcounty.gov/health/portal

Name of Mobile Unit: _____

Owner/Operator Name: _____

Mailing Address: _____ City: _____ ZIP Code: _____

Daytime Phone: () _____ - _____ Email: _____

Name of Commissary: _____

Commissary Address: _____ City: _____ ZIP Code: _____

Mobile Unit Operating Location: _____ City: _____ ZIP Code: _____

Check all that apply

- ☐ Permit Renewal ☐ Change of Ownership ☐ Change of mailing address
☐ Change of Commissary ☐ Classification Change: _____

☐ Change of Business Name/ Previous Business Name: _____

Notice: By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____ **DATE:** _____

Call (206) 296-2966 if you do not receive a renewal application by February 28th. Be sure to renew your permit before it expires.

PAYMENT INFORMATION

See back of form for fee schedule and where to submit this application.

Check if applicable:

☐ New operation, date opened ____ / ____ / ____

Prorated Mobile Unit Permit Fee \$ _____

Prorated Commissary Permit Fee \$ _____

☐ Seasonal operation:

Late Fee \$ _____

Field Plan Review \$ _____

Date of opening ____ / ____ / ____

Date of closing ____ / ____ / ____

Total Due \$ _____

☐ Check or Money Order, Payable to: **SKCDPH**

Check Number _____

☐ VISA ☐ Master Card ☐ Discover Card Number: ____ / ____ / ____ / ____

Card Billing Address: _____, City: _____ ZIP: _____

Card Expiration Date: ____ / ____ 3 Digit Code (on back of card): ____

Required Signature (as on Credit Card): _____

OFFICE USE ONLY

Mobile PR _____ FA _____ PE _____ PLAN REVIEW SR _____ MOBILE STICKER # _____

Commissary PR _____ FA _____ PE _____ VARIANCE SR _____ DATE FACILITY OPENED ____ / ____ / ____

INSPECTOR NAME (print) _____ SIGNATURE _____ DATE ____ / ____ / ____

Food Establishment Categories and Permit Fees 2013
Effective 1/01/13 - 12/31/13

PERMIT CATEGORY	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$350	6702 - \$583	6703 - \$808
General Food Service- 13-50 seats	6711 - \$354	6712 - \$591	6713 - \$852
General Food Service- 51-150 seats	6721 - \$362	6722 - \$621	6723 - \$911
General Food Service- 151-250 seats	6731 - \$376	6732 - \$635	6733 - \$965
General Food Service- over 250 seats	6741 - \$390	6742 - \$639	6743 - \$1,009
Limited Food service- no permanent plumbing	6757 - \$350	NA	NA
Bakery- no seating	6751 - \$350	6752 - \$583	6753 - \$808
Bed and Breakfast	6761 - \$350	NA	NA
Grocery Store- no seating	6765 - \$350	6766 - \$583	NA
Caterer	6771 - \$350	6772 - \$583	6773 - \$808
Meat/Fish Market	NA	NA	6777 - \$657
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$350	6782 - \$583	6783 - \$808
Mobile Food Unit Commissary	6784 - \$151	6785 - \$241	6785 - \$241
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$350	6736 - \$583	6737 - \$808
School Lunch Program	NA	6792 - \$466	NA

PLAN REVIEW FEES

New Construction	4 hour base fee (\$804) + \$201/hr after 4 hours
Remodel	3 hour base fee (\$603) + \$201/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$603) + \$201/hr after 3 hours
Resubmitted plan review-billable	\$201/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$402) + \$201/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$402 +\$201/hr after 2 hours

PRORATION SCHEDULE

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

MISCELLANEOUS FEES

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$154
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

MAKE CHECKS PAYABLE TO: SKCDPH

MAIL TO: Public Health – Seattle & King County
Downtown Environmental Health
401 - 5th Avenue, Suite 1100
Seattle, WA 98104

PERMITS AND LICENSES PHONE: 206-263-9567 Fax- 206-296-0189

WEBSITE: <http://www.kingcountv.gov/health/foodsafety>